

APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: FACSIMILE MACHINE FOR USE IN COMBINATION WITH PC

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application Serial No. _____ and amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 7 - 298536 filed November 16, 1995

Japanese Patent Application No. 7 - 298539 filed November 16, 1995

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

If there are no corresponding applications,
insert "NONE". NONE

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562;

Thomas J. Fardini, Reg. No. 30,411 and Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Typewritten Full Name
of Sole or First Inventor

Noriko

MATSUMOTO

Given Name

Middle Initial

Family Name

**4 Inventor's Signature

Noriko

Matsumoto

**5 Date of Signature

November

14,

1996

Month

Day

Year

6 Residence

Haguri - gun,

Aichi - ken,

Japan

City

Japanese

State or Province

Country

7 Citizenship

8

Post Office Address

(Insert complete mailing
address, including country)

No. 204, Oaza Kurodarokunotori, Kisogawa - cho,

Haguri - gun, Aichi - ken, Japan

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.


**Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.


IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

U.S.A. SOLE OR JOINT DECLARATION FOR ORIGINAL APPLICATION

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3 Typewritten Full Name of Kiyotsugu TAKIGUCHI
Second Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature  Kiyotsugu Takiguchi


*5 Date of Signature  November 14, 1996
Month Day Year


*6 Residence Nagoya - shi, Aichi - ken, Japan
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8 Post Office Address Heiwa Ryo 601, No. 3 - 27, Shimosaka - cho, Mizuho - ku,
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3 Typewritten Full Name of Tetsuya OUCHI
Third Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature  Tetsuya Ouchi

*5 Date of Signature  November 14, 1996
Month Day Year

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*7 Citizenship Japanese

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3 Typewritten Full Name of _____
Fourth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature  _____


*5 Date of Signature  _____
Month Day Year


*6 Residence _____
City State or Province Country

*7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, including country) {

3 Typewritten Full Name of _____
Fifth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature  _____

*5 Date of Signature  _____
Month Day Year

*6 Residence _____
City State or Province Country

*7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, including country) {

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

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